



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
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ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM

Type or print in ink. All information on the application must be completed and received at TSAC by the **March 1** deadline. The official high school transcript or GED is not required with this application.

1. Name _____
Last First Middle

2. Social Security No. _____

3. Date of Birth _____
Month Day Year

4. Citizen (Check one) _____ U.S. Citizen _____ Permanent Resident
_____ Student Visa _____ Work Visa
_____ Registered Alien _____ Number

5. Permanent Address _____
Street City State Zip Code

6. Telephone (_____) _____

7. Are you a resident of the State of Tennessee? _____ Yes _____ No

8. Gender _____ Male _____ Female

9. Race (Check one) _____ American Indian/Alaskan Native _____ Hispanic
_____ Asian/Pacific Islander _____ White
_____ Black
_____ Other _____
Specify

10. County of Legal Residence _____

11. Driver's License _____
State Number

12. E-mail Address _____

NOTE: The data in Questions 8 and 9 are only for statistical purposes and have no bearing on your selection or lack of selection for the scholarship.

COLLEGE/UNIVERSITY INFORMATION

13. Institution I plan to attend _____
Name of College or University

PARENT OR GUARDIAN INFORMATION

14. Parent's or Guardian's Name _____

15. Relationship to Applicant _____

16. Address _____
Street City State Zip Code

17. Parent's Home Phone Number (____) _____

18. Parent's Work Phone Number (____) _____

HIGH SCHOOL INFORMATION

19. Where did or will you receive your diploma? _____
Name of High School

High School Address City State Zip Code

20. When did or will you graduate or receive your GED? _____
Month, Year

21. What is your Grade Point Average on a 4.0 Scale? _____ Or GED Score _____

22. List your Official Test Score: ACT _____ SAT _____

HIGH SCHOOL CERTIFICATION

I have reviewed the foregoing completed application. I hereby certify that the Cumulative Grade Point Average and ACT/SAT scores are correct. I also certify, to the best of my knowledge, that all other information is accurate and complete. Further, based upon my knowledge of this student, I believe the applicant shows promise of good academic achievement in college.

SIGNATURE OF HIGH SCHOOL OFFICIAL

DATE SIGNED

PRINT NAME OF HIGH SCHOOL OFFICIAL

(_____) _____
HIGH SCHOOL PHONE NUMBER

TITLE

CERTIFICATION BY THE APPLICANT

NOTE: Applicants must have achieved at least a 3.5 Cumulative Grade Point Average on a 4.0 scale for the application to be considered. Additionally, applicants with a 3.0 to 3.49 GPA and documented ACT composite of 24 or combined verbal and math SAT of 1090, as well as applicants with a documented GED score of 570, may also apply.

I understand that this application must be completed in full and **received at TSAC by March 1** to be considered. I realize that if selected to receive the award, I will be required to submit an official copy of my high school transcript or GED. My test results achieved on the ACT or SAT may be indicated on my transcript. I certify that I have read this application in full and it is accurate and complete to the best of my knowledge. I agree to provide, if requested, any other documentation necessary to verify such information. I authorize the educational institution to release to TSAC or to its agents any information requested by such persons pertinent to this scholarship (i.e., enrollment status, current address, academic grades achieved, etc.). I affirm that any funds obtained, as a result of this application will be used for the expenses related to attendance at a higher education institution. I further understand that initial recipients are chosen at random from qualified applicants and that scholarship renewal is based on federal appropriations, full-time enrollment, and satisfactory academic progress.

I understand that 34 CFR 75.60, 75.61, and 75.62 require that I make specific certifications of eligibility to the U.S. Department of Education (ED) as a condition of applying for Federal funds in certain programs and that these requirements are in addition to any other eligibility requirements that ED imposes under program regulations. Under 34 CFR 75.60 – 75.62:

- I. I certify that:
A. I do not owe a debt, or I am current in repaying a debt, or I am not in default (as that term is used at 34 CFR Part 668) on a debt:

1. To the Federal Government under a nonprocurement transaction (e.g., a previous loan, scholarship, grant, or cooperative agreement); or

2. For a fellowship, scholarship, stipend, discretionary grant, or loan in any program of ED that is subject to 34 CFR 75.60, 75.61, and 75.62, including:

* Federal Pell Grant Program (20 U.S.C. 1070a, et seq.);

* Federal Supplemental Educational Opportunity Grant (SEOG) Program (20 U.S.C. 1070(b), et seq.);

* State Student Incentive Grant Program (SSIG) 20 U.S.C. 1070c, et seq.);

* Federal Perkins Loan Program (20 U.S.C. 1087aa, et seq.);

* Income Contingent Direct Loan Demonstration Project (20 U.S.C. 1087a, note);

* Federal Stafford Loan Program, Federal Supplemental Loans for Students [SLS], Federal PLUS, or Federal Consolidation Loan Program (20 U.S.C. 1071, et seq.);

* William D. Ford Federal Direct Loan Program (20 U.S.C. 1087a, et seq.);

* Cuban Student Loan Program (20 U.S.C. 2601, et seq.);

* Robert C. Byrd Honors Scholarship Program (20 U.S.C. 1070d-31, et seq.);

* Jacob K. Javits Fellows Program (20 U.S.C. 1134h-1134l);

* Patricia Roberts Harris Fellowship Program (20 U.S.C. 1134d-1134g);

* Christa McAuliffe Fellowship Program (20 U.S.C. 1105-1105I);

* Bilingual Education Fellowship Program (20 U.S.C. 3221-3262);

* Rehabilitation Long-Term Training Program (29 U.S.C. 774(b));

* Paul Douglas Teacher Scholarship Program (20 U.S.C. 1104, et seq.);

* Law Enforcement Education Program (42 U.S.C. 3775);

* Indian Fellowship Program (29 U.S.C. 774(b));

* Teacher Quality Enhancement Grants Program (20 U.S.C. 1021, et seq.);
- OR
- B. I have made arrangements satisfactory to ED to repay a debt as described in A.1. or A.2. (above) on which I have not been current in repaying or on which I was in default (as that term is used in 34 CFR Part 668).

II. I certify also that I have not been declared by a judge, as a condition of sentencing under Section 5301 of the Anti Drug Abuse Act of 1988 (21 U.S.C. 862), ineligible to receive Federal assistance for the period of this requested funding.
- I understand that providing a false certification to any of the statements above makes me liable for repayment to ED for funds received on the basis of this certification, for civil penalties, and for criminal prosecution under 18 U.S.C. 1001.
- Type or Print Name

Signature

Date

Name or number of ED program under which this certification is being made: Robert C. Byrd Honors Scholarship
- ED 80-0016 (Revised 2/01)

SA-0265 (Rev.12/06)

RDA 2313